



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

CANDIDATE COMMITTEE  
COVER PAGE

07 SEP -2 PM 2:23

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07-19-04 to 08-23-04  
Mo Day Year Mo Day Year

1. Committee I.D. Number <b>137128</b>	4. Candidate Last Name <b>RICE</b> First Name <b>MICHAEL</b> M.I. <b>KA</b>
2. Committee Name <b>CITIZENS FOR ETHICAL GOVERNMENT</b>	4a. Office Sought Including District # or Community Served (If applicable) <b>HARRISON TWP TRUSTEE</b>
	4b. County of Residence <b>MACOMB</b>
5. Committee's Mailing Address <b>31789 NORTH RIVER RD HARRISON TWP MI 48045</b> Area Code and Phone <b>(562) 465-1950</b>	6. Treasurer's Name & Residential Address <b>MICHAEL H. RICE</b> <b>31789 N. RIVER RD</b> <b>HARR TWP MI 48045</b> Area Code & Phone <b>(562) 465-4253</b>
7. Treasurer's Business Address <b>SAME</b> Area Code and Phone ( )	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone ( )

9. TYPE OF STATEMENT  9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to:  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <b>08 03 2004</b> Month Day Year	9c. <input type="checkbox"/> Annual Statement ( Coverage Year)  9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  9e. <input type="checkbox"/> Dissolution of Candidate Committee  Effective Date of Dissolution Month Day Year  By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper: **MICHAEL H. RICE** Type or Print Name Signature Date **08 30 04** Mo Day Year  
Candidate: **MICHAEL H. RICE** Type or Print Name Signature Date **08 30 04** Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137128  
2. Committee Name CITIZENS FOR ETHICAL GOVERNMENT  
(MICHAEL RICE)

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>-0-</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>-0-</u>	(18.) \$ <u>-0-</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>-0-</u>	(19.) \$ <u>-0-</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>-0-</u>	(20.) \$ <u>-0-</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>1437.59</u>	(21.) \$ <u>1437.59</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>-0-</u>	(22.) \$ <u>-0-</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>-0-</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-0-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-0-</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>-0-</u>	(23.) \$ <u>-0-</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>-0-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-0-</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>-0-</u>	(24.) \$ <u>-0-</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>-0-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>1437.59</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>-0-</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>-0-</u>	
	(15.) = \$	<u>-0-</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$	<u>-0-</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$	<u>-0-</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)			



MICHIGAN DEPARTMENT OF STATE  
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**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 137128  
2. Committee Name CITIZENS An Ethical Government

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>RICE, MICHAEL</u> Address: <u>38151 L'ANSE CREUSE</u> <u>HARRISON TWP</u> If over \$100.00 cumulative, please provide: Occupation: <u>TRUSTEE</u> Employer: <u>HARRISON TWP</u> Business Address: <u>38151 L'ANSE CREUSE</u> <u>HARRISON TWP</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Political Signs</u> 5. Date Of Receipt: <u>7.22.04</u> 6. Vendor Name & Address: <u>R.F. designs</u> <u>69 S. Highland Mt Clemens 48043</u>	\$ 1118.30	\$ 1118.30
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>RICE, MICHAEL</u> Address: <u>Same as above</u> If over \$100.00 cumulative, please provide: Occupation: Employer: <u>same</u> Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN PENS</u> 5. Date Of Receipt: <u>7.2.04</u> 6. Vendor Name & Address: <u>National Pen Corp</u> <u>Dept 274501 PO Box 55000</u> <u>Detroit 48255</u>	\$ 319.29	\$ 1437.59
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

1437.59  
1437.59

Enter this total  
on line 6 of  
Summary  
Page

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page